

**MISSISSIPPI DEVELOPMENT AUTHORITY (MDA)
HOMEOWNER ASSISTANCE PROGRAM GRANT AGREEMENT
POST OFFICE BOX 849
JACKSON, MISSISSIPPI 39205-0849**

SECTION I: Owner Information

1. HOMEOWNER:	2. CO-HOMEOWNER:
a. Name:	a. Name:
b. Address:	b. Address:
c. Mailing Address (If different from Physical Address):	c. Mailing Address (If different from Physical Address):
d. Phone Number:	d. Phone Number:
e. Email Address:	e. Email Address:
f. Social Security Number:	f. Social Security Number:
g. Government Issued Identification Number:	g. Government Issued Identification Number:

SECTION II: Grant Information

3. GRANT NUMBER:	4. CLOSING DATE:
5. GRANT METHOD PAYMENT (check one): <input type="checkbox"/> Check <input type="checkbox"/> EFT	
6. GRANT PROVISIONS: Homeowner(s) agrees to the filing of a covenant to run with the land on the property for which this grant is awarded requiring as follows: flood insurance to be maintained, all rebuilding and repairs must be in accordance with applicable codes and ordinances, all rebuilding must be elevated in accordance with FEMA recommended flood elevations and if manufactured housing is placed on the property it must comply with HUD's Federal Manufactured Housing Code and be elevated in accordance with FEMA recommended flood levels.	
7. LIABILITY: Homeowner(s) agree not to hold Lender liable for any actions taken by Lender relating to this grant so long as such actions are taken at the direction of the MDA. Homeowner(s) further agree not to hold the State of Mississippi, United States or any other branch or agency of the state of federal government liable for their actions relating to this grant. If Homeowner(s) attempt to take legal action against Lender, the State of Mississippi, United States or any other branch or agency of the state or federal government, such entity will have the right to recover attorneys' fees and expenses from the Homeowner(s) for such action.	

SECTION III: Fraud Acknowledgement

8. Homeowner(s) asserts, certifies and reaffirms that all information on the application, documents provided and closing documents are true to the best of my (our) knowledge and Homeowner(s) acknowledges that such have been relied on by MDA to provide disaster assistance. Homeowner(s) certifies that all damages claimed were a direct result of the declared disaster. Homeowner(s) acknowledges that he (she) may be prosecuted by Federal, State and/or local authorities for making or filing false, misleading and/or incomplete statements and/or documents. Homeowner(s) acknowledges notice of the danger of fraud and scams perpetrated by unscrupulous individuals, contractors and businesses and that the State has provided an Office of Fraud to address such issues.
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SECTION IV: Signatures

HOMEOWNER:	CO-HOMEOWNER:
Name:	Name:
Signature:	Signature:

SECTION V: For MDA Closing Agent

Company Name: _____
Company Address: _____
Processor Name: _____
Signature: _____

